

# STATE MEDICAL ASSOCIATIONS

## CALIFORNIA MEDICAL ASSOCIATION\*

JUNIUS B. HARRIS.....President  
JOSEPH M. KING.....President-Elect  
EMMA W. POPE.....Secretary

### OFFICIAL NOTICES

**Fall Meeting of the Council.**—The fall meeting of the Council of the California Medical Association will be held at the Hotel Huntington, Pasadena, on September 26, 1931.

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**Extension Lecture Service.**—August in northern counties, and September in the southern portion of the state, mark a return to activity of the various component county medical organizations. The appointed committees or the secretaries of the various societies are now outlining the programs for the coming meetings.

In the September issue of CALIFORNIA AND WESTERN MEDICINE is usually printed an invitation to those members who can spare the time and who have something of scientific interest to present, to enroll as members of the Extension Lecture Service. This service is voluntary, and only indirectly remunerative. There is no fund to cover the cost of expenses of traveling. A call frequently comes at an inopportune moment, but that the service in some way compensates is evidenced by the infrequency of the requests for release. Those who address alert audiences, any one of whom may later discuss points in the talk, are given an invaluable training in clear and rapid thinking, lucid expression and rebuttal in discussion.

Interest in county society meetings is stimulated by having one paper on the program by an outside speaker. Some secretaries regularly call upon the Extension Service.

Will any members who have talks of medical value, who can hold the interest of their audiences, and who are willing to respond to calls from the various county societies, furnish their names to this office (2004 Four Fifty Sutter, San Francisco), and the titles of not more than three addresses before the 20th of September?

## COMPONENT COUNTY SOCIETIES

### VENTURA COUNTY

The regular monthly meeting of the Ventura County Medical Society was held Tuesday, June 9, at the Ventura County Clinic Building. The meeting was called to order by President Wright.

Members present were: Doctors Achenbach, D. G. Clark, Rhymes, Little, W. S. Clark, Wright, Felberbaum, Bianchi, Bardill, King, Shore, and Armitstead.

After reading and approval of the minutes of the previous meeting, the application of Doctor Mosher, who had been on file, was acted upon and approved for membership.

Communications were read.

Doctor Updegraf of Hollywood presented the paper of the scientific program, giving an interesting discussion of corrective plastic surgery, which was well received.

R. B. ARMITSTEAD, *Secretary*.

\*For a complete list of general officers, of standing committees, of section officers, and of executive officers of the component county societies, see index reference on the front cover, under Miscellaneous.

## CHANGES IN MEMBERSHIP

### New Members

#### Los Angeles County—

James L. Busby	J. Earl Gossard
Manuel Chavez	Ernest M. Johnstone
M. Eugene Clark	Francis M. McKeever
Denver D. Coleman	Claude K. Movius
Jay B. Cosgrove	Ben King Parks
James H. Cryst	Clarence C. Reed
Edward B. Dewey	Harry A. Shafor
George Eugene Dodge	Dennis Vincent Smith
William Vernon Dunbar	Raymond W. Swinney
Clyde K. Emery	George P. Waller, Jr.
Wendy Stewart Emery	Robert Edwin Wyers

*Merced County*—Hartley G. Dewey.

*San Bernardino County*—George W. Clark.

*San Diego County*—William Holmes Ross.

*Santa Clara County*—Milton Alexander Premo.

### Transfers

Roscoe W. Cavell, from Los Angeles to Kansas.  
Warren E. Page, from San Francisco to Alameda County.

### Deaths

**Burnham, Marjorie Bonthron.** Died at San Diego, June 26, 1931, age 54 years. Graduate of University of Michigan Medical School, Ann Arbor, 1903. Licensed in California, 1925. Doctor Burnham was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

**Coleman, Charles La Grange.** Died at Oakland, July 25, 1931, age 52 years. Graduate of Cooper Medical College, San Francisco, 1903. Licensed in California, 1903. Doctor Coleman was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.

**Hassler, William Charles.** Died at San Francisco, August 1, 1931, age 63 years. Graduate of Cooper Medical College, San Francisco, 1892. Licensed in California, 1893. Doctor Hassler was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

**Hayden, Thomas M.** Died at Carmel, August 3, 1931, age 77 years. Graduate of College of Physicians and Surgeons, Keokuk, Iowa, 1874. Licensed in California, 1876. Doctor Hayden was an honorary member of the Fresno County Medical Society, the California Medical Association, and the American Medical Association.

**Meyers, Isadore Leon.** Died at Long Beach, August 16, 1931, age 48 years. Graduate of Northwestern University Medical School, Chicago, 1905. Licensed in California, 1921. Doctor Meyers was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

**Taylor, James Edward.** Died at Redding, August 3, 1931, age 59 years. Graduate of the University of California Medical School, San Francisco, 1899. Licensed in California, 1899. Doctor Taylor was a member of the Shasta County Medical Society, the California Medical Association, and the American Medical Association.



WILLIAM CHARLES HASSLER

## OBITUARIES

**William Charles Hassler**  
 1868-1931

Dr. William C. Hassler, San Francisco public health officer, died suddenly at his home on August 1, 1931. Doctor Hassler had been ill for several weeks with a minor ailment, and the seriousness of his condition was not known to the general public.

Doctor Hassler was born in Calaveras County in 1868. He graduated from Columbia University and Stanford University and Cooper Medical College. He was made chief sanitary inspector of the city in 1900, and in 1915 he became health officer.

Doctor Hassler prior to his death had become an international authority on public health matters and represented the United States at the Public Health Conference at Geneva in 1926.

He was past president of the American Public Health Association and was past master of California Lodge No. 1, F. and A. M., and a member of the California Commandery and the Grand Commandery of the Knights Templar.

In 1929 he represented Secretary Wilbur at the Washington Child Health Conference, and had taken an active part in the forming of the present charter of San Francisco.

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**Adam Adolf Haas**  
 1873-1931

On July 26, 1931, Dr. Adam A. Haas died in San Francisco. Doctor Haas was a native of Germany, having been born in the Palatinate, southern Germany. His early youth was spent in the United States, and he was a graduate from the University of Chicago. While doing postgraduate work in Germany in 1914, he served at the front as medical officer with the Germany army.

Doctor Haas is survived by his wife and four sons, who are now living in Germany.

*The Coronary Artery in Health and Disease.*—Under this caption Herrick,\* whose reputation as an internist is widespread throughout this country, but whose special claim to fame rests upon his accurate original description of coronary occlusion, a condition which is now so generally recognized everywhere as one of the most important causes of sudden death, discusses in a part of his presentation the mechanism of production of heart pain. It is pointed out that there are two main theories advanced as to the causation of the anginal syndrome. The one ably supported by such outstanding men as Allbutt and Wenckebach, as well as Vaquez, holds the pain is due to a stretching of the diseased wall of the aorta. The older theory contends that pain is due to spasm or disease of the coronary artery or to perversion of function of the muscle supplied by that artery. This theory is the older of the two, but after Allbutt's pronouncements was largely discarded. Now the pendulum is swinging the other way, and an increasing number of physicians are becoming adherents of the coronary artery theory. In substantiation of this statement, Herrick details some twelve arguments which certainly would suggest, to the clinical observer at least, that heart pain is due to coronary dysfunction. Most of these arguments are old ones, as for example, the fact that nitrites dilate the coronary, and relieve pain; that angina is rare in syphilis, although aortic disease is extremely common; that angina is infrequently found in auricular fibrillation; that angina is rare in "chronic myocarditis"; and that adrenalin causes anginal attacks in old people, but not in younger individuals in whom there is no presumable coronary lesion. Some of the more advanced theories that would substantiate the coronary idea include the fact that the hypoglycemia of insulin causes anginal pain due to low sugar content of the arterial blood; moreover, anemia may produce anginal pain as a result of insufficient oxygen to the heart muscles when under stress; anginal pain may occur in hyperthyroidism; the heart muscles again being poorly supplied with blood through the damaged artery, when an increased amount of blood is necessary on account of a heightened metabolism; electrocardiographic evidence is very much more suggestive of a muscular degeneration as a result of coronary disease than to disease of the aorta; and certain vasomotor phenomena as Raynaud's disease are associated in a suggestive way with angina.

Herrick very justly states that the ultimate decision as to the causation of anginal pain has not been reached, and that only through the coöperation of the pathologist and practitioner of medicine, the experimental physiologist, and the student of electrocardiography will the enigma be solved.—*New Orleans M. and S. J.*, August 1931.

*Medico-Legal Experts.*—In his masterful retiring address, the last president of the Rhode Island Medical Society made a splendid suggestion—that the society establish a bureau of medical experts, willing, capable, diplomatic, and of unquestioned ability, to act as witnesses in court in medico-legal cases.

As a good medical witness must have an unusual taste for that work in order to create confidence in the courtroom and be of value to impartial justice he is serving, he requires, above all, unquestioned knowledge in that branch of medical science of which at the time he is the exponent. He must be brief and concise in his answers without going astray of the subject in hand. He must volunteer no uncalled-for information. He must have a "flare" for legal procedure, exactness and nicety of expression, and withal a sense of humor which can bear unruffled the possible taunts and irony of cross-examination.

Obviously such a bureau would list only the names of those who desired this type of work and who, in the opinion of the society, could really qualify as experts—true specialists of unimpeachable reputation and experience.—*Rhode Island M. J.*, August 1931.

\* Herrick, James B.: *Am. Heart Jour.*, 6:585, 1931.